



## CASEWORK AUTHORIZATION FORM

CONGRESSMAN JAY INSLEE  
21905 64<sup>TH</sup> AVE. W, SUITE 101  
MOUNTLAKE TERRACE, WA 98043-2278  
425-640-0233 PHONE  
425-776-7168 FAX

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Other case # \_\_\_\_\_  
City & Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone (home) \_\_\_\_\_ Phone (other) \_\_\_\_\_  
Email \_\_\_\_\_

*I respectfully request and authorize United States Congressman Jay Inslee, and his staff to act on my behalf and to receive information from the proper officials regarding my case.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

I am requesting assistance with the following: \_\_\_\_\_

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**Important note:** The Privacy Act of 1974 requires your authorization to access to your private records. Without your authorization, an inquiry on your behalf will not be possible.